

PARENT Child and Adult Care Food Program Income Application Fiscal Year 2010

Provider's Name _____ Address _____	Telephone _____ City _____ Zip _____
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Print Name _____

Address _____ City _____ Zip _____

Home Telephone # _____ Work Telephone # _____

I hereby certify that all the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal Funds; that the institution officials may verify this information; and deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purpose.

Signature

Social Security Number

Date

INCOME ELIGIBILITY

Complete this part for your children **NOT** included in a eligible federally or state supported child care or other benefit programs.

Child's Name	Age	Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please list **ALL NAMES** of other **HOUSEHOLD MEMBERS**. **INCLUDE YOURSELF**, OTHER ADULTS AND CHILDREN. **DO NOT** INCLUDE CHILDREN LISTED IN ABOVE, UNLESS THEY RECEIVE A REGULAR INCOME. Write the amount of the MONTHLY INCOME and its source each person now gets on the same line as their name. List **GROSS** income BEFORE deductions for taxes, social security, etc.

NAME	Monthly Earnings from work (Before Deductions)	Monthly Welfare Payments, Child Support, TANF & Alimony	Monthly Income from Pensions, Retirement and Social Security	Monthly Income from all other Income
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

FOSTER CHILDREN

Foster children are eligible for reimbursable meals regardless of the income of the household in which they reside. If you have *foster children in your home*, please indicate their names here and the total income each child receives for personal use.

Child's Name	Age	Birthdate	Income
1. _____	_____	_____	_____
2. _____	_____	_____	_____

CATEGORICAL ELIGIBILITY

Complete this part for your children if you are currently receiving benefits from any of the following programs.

LIST OF ELIGIBLE PROGRAMS - Check all that applies and provide Case #.

CASE #

- ☐ Food Distribution Program on Indian Reservation (FDPIR)
- ☐ Cash Assistance (TANF)
- ☐ Food Stamps Employment & Training Program (FS E&T)
- ☐ Child Care and Development Block Program
- ☐ Women, Infant, Children (WIC) Program
- ☐ Transitional Child Care Program (TCC)
- ☐ Child Day Care Administration Services
- ☐ Head Start (qualified by income) / Even Start
- ☐ National School Lunch (NSLP)
- ☐ Commodity Supplemental Food Program
- ☐ Hunger Program
- ☐ Unemployment Insurance
- ☐ Breast and Cervical Cancer Treatment Program (AHCCCS)
- ☐ S.O.B.R.A Children Age Birth – 19 (AHCCCS)
- ☐ AHCCCS Care (AC)
- ☐ AHCCCS for Families with Children
- ☐ Medical Expense Deduction (MED) (AHCCCS)
- ☐ Short Term Crisis Services Program
- ☐ Low Income Home Energy Assistance Program
- ☐ Telephone Assistance Program
- ☐ SSI Cash
- ☐ SSI MAO
- ☐ QMB (Medicare)
- ☐ SLMB (Medicare)
- ☐ QI-1 (Medicare) Senior Telephone Discount Program
- ☐ Senior Community Service Employment Program
- ☐ Foster Grandparent Program
- ☐ Senior Telephone Discount Program

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Child's Name

Age

Birthdate

1.			
2.			
3.			
4.			

Dear Parent,

The Child & Adult Care Food Program require that the reimbursement this provider receives for meals served to all children be based on income information submitted by each parent. This benefits you because it helps us to keep the charge for child care at a lower rate. This information will be kept confidential.

Income Eligibility Guidelines				<p>In the operation of child feeding programs, no child will be discriminated against because of race, color, national origin, sex, age, or handicap. If you believe that you have been discriminated against in any USDA-related activity, you should write immediately to the Secretary of Agriculture, Washington, DC 20250.</p> <p>CHILDREN WITH DISABILITIES: If a child has been determined by a doctor to be disabled and the disability would prevent the child from eating a regular meal, this provider will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us for further information.</p>
Effective from July 1, 2009 to June 30, 2010				
Household Size	Annual	Month	Week	
1	\$20,036	\$1,670	\$386	
2	26,955	2,247	519	
3	33,874	2,823	652	
4	40,793	3,400	785	
5	47,712	3,976	918	
6	54,631	4,553	1,051	
7	61,550	5,130	1,184	
8	68,469	5,706	1,317	
For each additional				
Family member add	+6,919	+577	+134	

Participants enrolled in this day care home who are receiving Food Stamp, FDIPIR, or cash assistance (TANF) are eligible for free or reduced-priced meals only if the child(ren)'s name(s), the appropriate case number(s), and the signature of the adult household member who completed the application is included on the affidavit. In certain cases, foster children are eligible for free or reduced-priced meals regardless of the income of the household with whom they reside.

Households with incomes less than or equal to the income chart for reduced-priced meals above are eligible for free or reduced-priced meals. In order for the provider to be considered eligible for free and reduced-price meals based on income, an application must contain complete documentation of eligibility information including total current household income, names of all household members, the social security numbers of the adult household member who signs the application, or the word "None" and the date and signature of the adult household member who completed the application.

Section 9 of the National School Act requires that, unless your child's food stamp, cash assistance (TANF), or FDIPIR case number is provided, you must include a social security number on the application. This must be either the social security number of the parent or household member signing the statement, or an indication that the household member does not have a social security number. Provision of the social security number is not mandatory, but if a social security number is not provided or an indication that household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for eligible federally or state funded programs, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

WAIVER: You may release the name of my child(ren) to my child's day care home provider as program eligible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
Signature	Date	

Race/Ethnic Identity: You are not required to answer this question. Please circle correct category.

WHITE BLACK/AFRICAN HISPANIC/ AMERICAN INDIAN/ NATIVE HAWAIIAN/ ASIAN SOME OTHER
 AMERICAN LATINO ALASKA NATIVE PACIFIC ISLANDER RACE(S)

For Sponsor Use Only

Approved by: _____	Total Household Size _____	Children in each category
Approval Date: _____	Total Monthly Income _____	() Eligible () Ineligible